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SERIAL NUMBER FILING DATE	FIR	ST NAMED APPLICANT		ATTORNEY DOCKET NO.
07/011:024 02/05/87	FILENE		D	635P004
_		_		EXAMINER
WALLENSTEIN, WAGNER, STRAMPEL & AUBEL 100 S. WACKER STE, 21		٦	JACKSON+J	
CHICAGO, IL 60606			ART UN	T PAPER NUMBER
			268	11
			DATE MAILED:	
E	XAMINER INTERV	IEW SUMMARY RECO	RD	04/19/89
All participants (applicant, applicant's representati	ve, PTO personnel):			
1) R. Brown	,	(3)		
2 1. Jackson		(4)		
d / . /		. (4/		
Date of interview 4/17/89				
Type: Telephonic Personal (copy is give	en to 🔲 applicant	applicant's representative)	•	
xhibit shown or demonstration conducted:	Yes No. If yes, b	orief description:		
Agreement	or all of the claims in q	uestion. X was not reach	ed.	
Claims discussed:				
,	néader	1_ /		
dentification of prior art discussed:	negaer	et al-		
Description of the general nature of what was agree	ed to if an agreement w	as reached, or any other com	iments:	nitations
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loading the Datter	y and 3	simultane	ous lo	ading of the
battlety and disal	oling the	DC. DOW	rer sur	soll. An
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smerament is	(B) 11 CO	ming.		
A fuller description, if necessary, and a copy of ttached. Also, where no copy of the amendments	the amendments, if as which would render th	vailable which the examiner e claims allowable is available	agreed would re e, a summary the	nder the claims allowable must be reof must be attached.)
Unless the paragraphs below have been checked to NOT WAIVED AND MUST INCLUDE THE SUB ast Office action has already been filed, then appli	STANCE OF THE IN	TERVIEW (e.a., items 1 – 7 a	on the reverse sid	e of this form). If a response to the
It is not necessary for applicant to provide a	separate record of the	substance of the interview.		
☐ Since the examiner's interview summary ab requirements that may be present in the lar response requirements of the last Office acti	st Office action, and si	achments) reflects a comple nce the claims are now affour	te response to ea ablé, this comple	ch of the objections, rejections and ted form is considered to fulfill the
PTOL-413 (REV. 1-84)		Examiner	s Signature	